

Summary of Benefits Report for Pennsylvania, CHIP

InsureKidsNow.gov

Preventive Services

	Is the service Covered?	Frequency	List any service - specific limitations
Cleanings	Yes	1 x 6 months	
Fluoride treatments (including fluoride varnishes)	Yes	2 x year	
Sealants (list any tooth-specific limits)	Yes	1 x every 3 years	
Space maintainers	Yes	1 x every 5 years	limited to children under age 19. Recementation is unlimited benefit

Diagnostic Services

	Is the service Covered?	Frequency	List any service - specific limitations	Recommended age of first visit ?
Oral health screening or assessment	Yes	1 x 6 months		
Dental examinations	Yes	1 x 6 months		at eruption of first tooth and no later than at 12 months
Assessment of risk for tooth decay	Yes	1 x 6 months		
X-Rays				
Bitewing	Yes	1 x 6 months		
Full Mouth	Yes	1 x every 5 years		
Panoramic	Yes	1 x every 5 years		

Treatment Services

	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Anti-microbial treatments that stop decay from spreading	Yes		Maximum of 10 teeth per date of service	
Fillings				
Silver amalgam	Yes		1 every 24months	
Tooth colored composite	Yes		1every 24months	
Crowns/tooth caps				
Stainless steel crowns	Yes - only with prior authorization		one per tooth every 60 months	
Metal (only) crowns	Yes - only with prior authorization		one per tooth every 60 months	
Metal/porcelain crowns	Yes - only with prior authorization		one per tooth every 60 months	
Porcelain (only) crowns	Yes - only with prior authorization		one per tooth every 60 months	
Root Canals (endodontics)				
Root canals on baby teeth (pulpotomies)	Yes - only with prior authorization		excluding final restoration	
Root canals on permanent teeth	Yes - only with prior authorization		excluding final restoration	
Gum (periodontal) therapy	Yes - only with prior authorization			
Dentures				
Partial dentures	Yes - only with prior authorization		one every 60 months	

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Treatment Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Complete dentures	Yes - only with prior authorization		one every 60 months	
Bridges	Yes - only with prior authorization		one every 60 months	
Orthodontics*				
Retainers (orthodontic)	Yes - only with prior authorization			
Braces	Yes - only with prior authorization			
Oral surgery				
Simple extractions	Yes			
Surgical extractions	Yes		may be covered as a medical benefit	
Care of abscesses	Yes			
Cleft palate treatment	Yes - only with prior authorization		may be covered as a medical benefit	
Cancer treatment	Yes - only with prior authorization		may be covered as a medical benefit	
Treatment of fractures	Yes - only with prior authorization		may be covered as a medical benefit	
Biopsies	Yes - only with prior authorization		may be covered as a medical benefit	
Treatment of jaw joint problems (TMJ)	No			
Emergency room services provided by a dentist	Yes			
Inpatient Hospital Services	Yes - only with prior authorization			
Anesthesia				
General anesthesia	Yes			in conjunction with covered services
Intravenous conscious sedation	Yes			in conjunction with covered services
Non-intravenous conscious sedation	Yes			in conjunction with covered services
Analgesia (nitrous oxide)	Yes			in conjunction with covered services

* When this information is posted on the Insure Kids Now website, we will include a special note for orthodontic services explaining that parents and caretakers should work with their child's orthodontist to ensure that the treatment and payment terms and conditions are clear at the outset of treatment (for example, what happens in the case of a child who becomes ineligible for Medicaid or CHIP while he or she is undergoing orthodontic treatment?).